

# Tips for completing the ICARE application

To assist with completing the ICARE application, we are providing some additional information and tips.

## **Page 1, question 2**

2. Number of individuals employed by your business: \_\_\_\_\_.

**Tip:** You will need to include all employees at all locations, including locations outside Kentucky, as well as part-time and seasonal employees who are working for your business at the time of application.

## **Page 1, question 3**

3. Number of ICARE eligible employees who have enrolled in the employer-sponsored Qualified Health Benefit Plan: \_\_\_\_\_ (See Required Attachments 2 & 3).

**Tip:** The owner is considered an eligible employee (unless over 65 or Medicare-eligible) and should be included in this number unless he/she currently is not enrolled in the health insurance plan.

## **Page 1, questions 5 and 6**

5. Name of Insurer providing health insurance coverage for the ICARE Program Year: \_\_\_\_\_ (See Required Attachment 1).

6. Name of Qualified Health Benefit Plan(s): \_\_\_\_\_ (See Required Attachment 3).

**Tip:** If you are a previously uninsured group, you need to make sure that you enroll in a basic or consumer-driven plan. Your business will not be eligible for an ICARE incentive payment if you select an enriched plan without an employee with a high-cost condition.

## **Page 2**

### **Required Attachments:**

1. A copy of the Employer Application for coverage to the insurer (if the application is unavailable, renewal documentation may be attached in lieu of the employer application);
2. Documentation relating to the employer group's gross annual salary for the most recent twelve (12) months (e.g., four (4) most recent complete Kentucky Employer's Quarterly Unemployment Tax Worksheet {Form UI3} filed with KY Division of Unemployment Insurance or if unavailable, payroll register);
3. Documentation verifying the employer's enrollment in a Qualified Health Benefit Plan, including the name of the employer group, Qualified Health Benefit Plan name, insurer name and effective date of coverage;
4. Employee's ICARE High Cost Condition Certification, if applicable; and
5. Any additional attachments necessary to respond to the questions in the application.

**Tips:** Be sure you include the most recent four quarters of UI-3 or a payroll register that reflects 12 months of history.

If you have a new employee(s) who is eligible for insurance and has not worked four quarters, you should include the hire date, rate of pay and number of hours worked weekly. If the employee is salaried, the weekly/monthly salary should be included with the application.

If an employee is listed on the last quarter of the UI-3 or listed on the payroll register and is no longer employed by the company, you should include a termination date.

Please include the documentation verifying enrollment in a qualified plan. The renewal notice from your insurance company will include the name of the plan, the name of the business and the effective date of the coverage.

When calculating the average salary, remember if an employee is eligible for health insurance but waives coverage, his/her salary is still included in the salary calculation.

Although an employee may work only a portion of the year, we calculate 300 percent of the poverty guidelines based on an estimate of the annual salaries of all eligible employees.

The gross annual salary includes any commission or bonus that an employee receives.

## **Page 6**

Business Name: \_\_\_\_\_ KEIN: \_\_\_\_\_

9 ICARE-APP-1 (10/2006)

### **Employee ICARE Program High-Cost Condition Certification**

#### **No Yes Medical Condition**

Anoxic brain injury  
Ascites  
Back disorder, limited to lumbar or lumbosacral disc degeneration and lumbar disc displacement  
Brain tumor  
Burn, limited to full-thickness skin loss  
Cancer, limited to Ewing's sarcoma, Hodgkin's disease, leukemia, lymphoid leukemia, malignant neoplasm of breast, metastatic cancer, myeloid leukemia, or primary cancer  
Cirrhosis of the liver  
Coagulation defect, including hemophilia  
Endocrine disorder, limited to insulin dependent diabetes mellitus or enzyme deficiency disorders  
Heart condition, limited to acute myocardial infarction, angina pectoris, cardiac valve disorders, cardiomyopathy, congenital cardiac anomalies, coronary insufficiency, coronary occlusion, heart failure, injury to heart and lung, ischemic heart disease, pulmonary atresia, pulmonary hypertension, or status post open-heart surgery  
Hypersomnia with sleep apnea  
Lung condition, limited to chronic airway obstruction, diseases of the lung, or post inflammatory pulmonary fibrosis  
Kidney condition, limited to chronic renal failure, end stage renal disease, or polycystic kidney  
Morbid obesity  
Multiple sclerosis  
Organ or tissue replaced by transplant  
Psychotic disorder  
Rhabdomyolysis  
Stroke  
Trauma, limited to fracture or complete lesion of cord, motor vehicle accident, or multiple trauma

I certify that I have been diagnosed or treated by a health care provider legally authorized to diagnose the medical condition identified above within the past five (5) years. This diagnosis has been documented in my medical record.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name (Print): \_\_\_\_\_

**Tips:** If a business is applying for ICARE as a high-cost condition group, you must include the high-cost condition certifications signed by the applicable employees.

Only employees, not dependents must be diagnosed with a condition listed on page 6.

The employee should not write in a condition. If an employee has a question concerning these conditions, they should consult a physician for clarification.